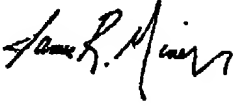


FEB 20 2007

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket No. <b>64118.000010</b>	
In re Application of	<i>Peter T. Bianco</i>		
Application Number	09/884,478		
Filed	June 20, 2001		
For	ELECTRONIC PATIENT HEALTHCARE SYSTEM AND METHOD		
Group Art Unit	3626		
Examiner	Russell S. Glass		
Confirmation No.	9571		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate fee is as follows: *Please note: A Petition for a One Month Extension of Time was submitted with the response filed December 13, 2006.</p>			
	Large Entity	Small Entity	Amount
<input checked="" type="checkbox"/> One Month	\$ 120.00	\$ 60.00	\$120.00
<input type="checkbox"/> Two Month	\$ 450.00	\$ 225.00	\$
<input type="checkbox"/> Three Month	\$1020.00	\$ 510.00	\$
<input type="checkbox"/> Four Month	\$1590.00	\$ 795.00	\$
<input type="checkbox"/> Five Month	\$2160.00	\$1080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).:			
<input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
<u>February 20, 2007</u> Date		 Signature <u>James R. Miner</u> Typed or Printed Name <u>40,444</u> Registration Number (if applicable)	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".			
<input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.			

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